

Day Activity

Definition: Supports and services provided in therapeutic settings to enable participants to achieve, maintain, improve, or decelerate the loss of personal care, social or adaptive skills. Services are provided in non-residential settings that are licensed by the state. Community activities that originate from a facility licensed by the state will be provided and billed as Day Activity. On site attendance at the licensed facility is not required to receive services that originate from the facility.

Transportation will be provided from the participant's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the participant's habilitation site to their residence when the service start time is after 12:00 Noon. The cost for transportation is included in the rate paid to the provider.

Providers: Day Activity Services will only be provided in or originate from facilities licensed by SCDDSN as Day Facilities.

Contact your supervisor for your board's policy/procedure for enrollment in Adult Activity Centers (AAC) operated by your agency

Arranging for the Service: When you determine a recipient needs Day Activity, they should be given a choice of providers of this service and the offering of choice must be documented. The recipient and/or his/her family/guardian should be provided with a listing of enrolled providers. If there is only one available choice then this must be explained to the recipient and/or his/her legal guardian and documented.

Prior to adding Day Activity to the Waiver Tracking System, you must first ensure the service is included on the STS. If Day Activity is not already on the STS you cannot add it to the Waiver Tracking System. In addition, the funding for day services must be updated prior to adding it to the budget. To make this change proceed to the services menu on the STS (**SVMEN**). Select **CHGAT** and enter SSN in Key 1 position. The day service that the individual is receiving will be displayed along with the activity type and how it is currently being funded. Enter the effective date (which is the enrollment date/budget begin date) and change the funding to Waiver ("**W**").

Once you have ensured that the information is entered correctly onto the STS you may proceed with adding the service to the Waiver Tracking System. Once the request is approved, Day Activity can be authorized using the **Authorization for Services (MR/RD form DA-002)**. The **MR/RD Form DA-002** authorizes the Day Program to bill the local DSN Board provider for services rendered.

For Day Activity, one unit equals one-half day as indicated by the individual's presence or absence as noted on the CDP or AAC roll book.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Day Activity:

- At least monthly for the first two months
- At least quarterly thereafter
- Start over with each new provider or location

This monitoring will be considered complete when **one or more** of the following has been conducted:

- Review of documentation of services provided for the purpose of assessing the effectiveness, frequency, duration, benefits, and usefulness of the service (i.e. review of progress)
- Conversation/discussion with the recipient, recipient's family/caregiver, or Day staff member for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.
- Conversation with the service provider about the effectiveness, frequency, duration, benefits, and usefulness of the service.
- On-site observation of the service being rendered for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.

Monitorship of this service may occur during contact with the individual/family or the provider of services. It may also occur during review of written documentation such as daily logs of objectives and/or formal professional assessments. Some items to consider during monitorship include:

- Is the individual satisfied with his/her daily activity? Does the individual enjoy the work?
- Is the individual satisfied with the provider of his/her service?
- What type of training is the individual receiving? Is the individual satisfied with the training?
- Are the training areas consistent with the individual's overall goals, wants and desires?
- Is the individual making progress in training areas identified by goals and objectives? If not, are goals and objectives reviewed and amended as needed?
- Is the workshop clean and safe?
- What is the individual's attendance?
- What are the opportunities for choice given to the individual?
- Does the individual feel comfortable with staff?

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Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See **Chapter 9** for specific details and procedures regarding written notification and the appeals process.

S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD Waiver

AUTHORIZATION FOR SERVICES
TO BE BILLED TO DSN BOARD

TO: _____

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RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid # /_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Day Activity:

Number of Units Per Week: _____ (one unit = 1/2 day)

Service Coordinator/Early Interventionist: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date